

**DECLARATION AND POWER OF ATTORNEY  
UNDER 35 USC §371(c)(4) FOR  
PCT APPLICATION FOR UNITED STATES PATENT**

B 1117 PCT

As a below named inventor, I hereby declare that:  
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: Needleless syringe operating with a device generating a shock wave through a wall

described and claimed in international application number \_\_\_\_\_ filed \_\_\_\_\_.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

French Patent Application No 99 09255 filed on July 16, 1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

(8)

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	<div style="display: flex; justify-content: space-between;"> <span>Patrick</span> <span>ALEXANDRE</span> </div>		
2	Inventor's Signature	<div style="display: flex; justify-content: space-between;"> <span>Given Name</span> <span>Middle Initial</span> <span>Family Name</span> </div>		
3	Date of Signature	<div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
	Residence:	<div style="display: flex; justify-content: space-between;"> <span>GRAY</span> <span>FRANCE</span> </div>		
	Citizenship:	<div style="display: flex; justify-content: space-between;"> <span>FRANCAISE</span> <span>FRX</span> </div>		
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**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

2 OF U.S.A. DECLARATION FOR  
(Insert this page in a sole inventor application)

B 1117 P4

1 **Typewritten Full Name**  
**of Second Joint Inventor (if any)** 2-00 Pierre BRUNET  
Given Name Middle Initial Family Name  
2 **\*\*Inventor's Signature:** P. BRUNET  
3 **\*\*Date of Signature:** January 16 2002  
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1 **Typewritten Full Name**  
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1 **Typewritten Full Name**  
**of Fourth Joint Inventor (if any)** 4-00 Claude MIKLER  
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1 **Typewritten Full Name**  
**of Fifth Joint Inventor (if any)**  
Given Name Middle Initial Family Name  
2 **\*\*Inventor's Signature:**  
3 **\*\*Date of Signature:**  
Month Day Year  
Residence:  
City State or Province Country  
Citizenship:  
Post Office Address:  
(Insert complete mailing address, including country)

**\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.**